



RB-40 List of Bingo Managers or Operators

Read this information first

When applying for a bingo license, you must complete Form RB-40. In order for the individuals listed in Step 2 to legally participate in the management or operation of your bingo games, all requested information must be complete. In addition, a presiding officer must sign this form.

Note: If, at a later date, you need to revise any information you included on this form, you must complete a new Form RB-40.

You no longer have to submit the form to us. Keep the completed copy in your records and make it available to us when we request it. You must maintain all records for a period of three years.

If you have questions, visit our website at tax.illinois.gov or call us at 217 785-5864.

Step 1: Enter your bingo license number B(L) - _____

Step 2: List those who will manage or operate your bingo games

List below, the individuals who will participate in the management or operation of your bingo games. If more than 24 individuals will be participating in such activities, additional Forms RB-40 must be completed. Setting up, cleaning up, selling concessions, working in the kitchen, or providing security for persons or property does

not constitute participation in the management or operation of a bingo game. The following individuals are ineligible to work bingo games: those who are professional gamblers, those who have been convicted of a felony, or those who have been convicted of any violation of the Criminal Code of 1961, Article 28.

1 _____
Name (print or type)

Number and street

City, state, ZIP

7 _____
Name (print or type)

Number and street

City, state, ZIP

2 _____
Name (print or type)

Number and street

City, state, ZIP

8 _____
Name (print or type)

Number and street

City, state, ZIP

3 _____
Name (print or type)

Number and street

City, state, ZIP

9 _____
Name (print or type)

Number and street

City, state, ZIP

4 _____
Name (print or type)

Number and street

City, state, ZIP

10 _____
Name (print or type)

Number and street

City, state, ZIP

5 _____
Name (print or type)

Number and street

City, state, ZIP

11 _____
Name (print or type)

Number and street

City, state, ZIP

6 _____
Name (print or type)

Number and street

City, state, ZIP

12 _____
Name (print or type)

Number and street

City, state, ZIP

Step 2: List those who will participate in your games (continued)

B(L)-_____

13

Name (print or type)

Number and street

City, state, ZIP

21

Name (print or type)

Number and street

City, state, ZIP

14

Name (print or type)

Number and street

City, state, ZIP

22

Name (print or type)

Number and street

City, state, ZIP

15

Name (print or type)

Number and street

City, state, ZIP

23

Name (print or type)

Number and street

City, state, ZIP

16

Name (print or type)

Number and street

City, state, ZIP

24

Name (print or type)

Number and street

City, state, ZIP

17

Name (print or type)

Number and street

City, state, ZIP

25

Name (print or type)

Number and street

City, state, ZIP

18

Name (print or type)

Number and street

City, state, ZIP

26

Name (print or type)

Number and street

City, state, ZIP

19

Name (print or type)

Number and street

City, state, ZIP

27

Name (print or type)

Number and street

City, state, ZIP

20

Name (print or type)

Number and street

City, state, ZIP

28

Name (print or type)

Number and street

City, state, ZIP

Step 3: Sign below

I hereby certify under penalties of perjury that the individuals listed above will not receive any remuneration or compensation directly or indirectly for participating in the management or operation of any bingo games conducted by the licensed organization.

Presiding officer

Date